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*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*



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September 26, 2016

**TO:** Supervisor Hilda L. Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

**FROM:** Mitchell H. Katz, M.D.  
Director

**SUBJECT: ASSESSMENT OF THE FEASIBILITY OF INCORPORATING THE ECCOVIA INC., DBA CLIENTTRACK SOLUTION FUNCTIONALITY WITHIN THE ONLINE REAL-TIME CENTRALIZED HEALTH INFORMATION DATABASE (ORCHID) ELECTRONIC HEALTH RECORD**

The Los Angeles County Department of Health Services (DHS) is committed to ensuring that each person receiving care from DHS has an integrated single medical record for improved treatment and continuity of patient care. Toward that goal, DHS has worked to implement the Online Real-time Centralized Health Information Database (ORCHID) electronic health record (EHR; Cerner Millennium®) system. As of March 1, 2016, all of DHS is delivering care on ORCHID, allowing DHS to function as an integrated healthcare delivery network. Supporting care coordination across DHS can improve health outcomes and patient satisfaction, as well as potentially reduce the cost of care delivery.

Having stated this goal, there are natural limitations to what are appropriate solutions that can be contained within an integrated EHR; and although DHS has collapsed as many legacy solutions as possible (284 clinical applications were collapsed down to less than 30 clinical applications connected to ORCHID) into its integrated EHR, ORCHID, there are still some solutions that naturally fall outside the limitations of today's EHR. For example, most health systems, including DHS, maintain a separate Picture Archiving and Communication System (PACS; Fuji Synapse®). The PACS is a separate solution used to capture and store radiologic images. For timely delivery of patient care, it is critical to have PACS interfaced with ORCHID, such that image viewing can be performed via ORCHID. Similarly, not all solutions are candidates to be interfaced with ORCHID. Some by virtue of their technology generation and when they were implemented do not support healthcare interface standards, such as Health Level 7 (HL7), and are not able to exchange information with contemporary healthcare technology solutions. Other solutions may have "sensitive" non-clinical information contained within the clinical narrative that would be discoverable if contained within a clinical record and should therefore not be placed within ORCHID. Some of this

segregation of information may be an absolute, as defined by Department of Justice privacy regulations or Office of Civil Rights privacy regulations (HIPAA), or relative as defined by an interpretation by County Counsel.

In 2012, DHS established Housing for Health (HFH) to provide housing and supportive services to homeless clients with physical and/or behavioral health conditions, high utilizers of county services, and other vulnerable populations. Since its inception in November of 2012, HFH has provided housing to over 2,000 individuals. Working in collaboration with support services providers, health care providers, housing finance agencies, housing developers and philanthropy, HFH aims to ultimately facilitate the creation of over 10,000 housing opportunities for homeless patients and clients, reduce use of inappropriate health care resources, and improve health outcomes for vulnerable populations. HFH currently receives approximately 30 referrals per day with 75% of the referrals arising from within DHS, especially DHS' acute care facilities.

HFH currently uses an Access database and Excel files to triage, assign and monitor housing and supportive services. This system was designed to support only a few hundred clients and does not support the growing HFH workload. The current system is not capable of capturing longitudinal data and does not adequately support the administration of various program types including recuperative care, stabilization housing, diversion and reentry specific housing, rapid re-housing and permanent supportive housing.

After administering a competitive selection process, Eccovia Inc.'s dba ClientTrack solution was selected. ClientTrack's solution will have the ability to support HFH's future scalability and provide referrers, HFH staff, and service providers with shared online access to functionality required to support HFH's business processes. ClientTrack will also track outcomes across various program types, report the status and progress of individuals receiving housing subsidies and track the quality and outcomes provided by contracted providers.

On March 29, 2016 the Board of Supervisors approved an agreement with Eccovia Inc. dba ClientTrack for a case and housing management system with support potentially through 2026. A proviso of this agreement was for DHS to assess the feasibility of interfacing the ClientTrack system with ORCHID to give users a single portal to access and share data, without the need to access multiple systems.

### **Current HFH Workflow for DHS Facilities**

The initial step for DHS Facilities to access HFH services is to submit a Housing Referral Form or an application so that HFH can determine the client's eligibility and refer them to housing. Once the DHS Facility provides the referring agency and client information, the HFH Access and Referral team determines whether the client has applied already. If the client has already applied, then the Access and Referral team may update the existing application. If the application is for Interim Housing, Attachment A of the Housing Referral Form – the Medical Background information will be completed by the referrer.

DHS Facilities that are applying for Interim Housing (Recuperative Care or Stabilization Housing) and Higher Level of Care (Board and Care) provide additional medical background documents.

These include:

- Patient Face Sheet (demographic and health insurance)
- History and Physical from a Physician, Physician Assistant or Nurse Practitioner
- Physician's recent progress notes detailing patient's hospital course/updated medical condition
- Medication Reconciliation Form or Medication List for post-discharge medications only
- Discharge Summary & Follow-Up Plan (including all follow-up appointments)
- Recent Tuberculosis (TB) Clearance (within past 12 months)

Currently, DHS Facilities provide the Housing Referral form plus additional documents through scanned email attachment or fax to HFH.

### **Options for interfacing ClientTrack**

The ClientTrack solution is currently being implemented by DHS HFH and the vendor with a planned go-live in November 2016. The initial plan and design is as a stand-alone solution. As a solution, ClientTrack is both HIPAA and 42 CFR Part 2 compliant for security, as well as Health Level-7 (HL-7) compliant for data exchange and interoperability. Therefore, it is appropriate to consider whether ClientTrack can be interfaced with ORCHID. If an interface were created, the area it would potentially provide the greatest relief is the movement of healthcare-related information from ORCHID to ClientTrack. By creating a document interface, it would decrease the burden of work on DHS social workers who currently obtain, copy or scan, and subsequently send the necessary information to HFH.

Since ClientTrack was approved, DHS has had another project approved by the Board, Healthe Intent. Healthe Intent will be a platform to aggregate healthcare information from ORCHID and other systems for patient empanelment, patient registries and care management. The current project plan is for Healthe Intent to support DHS in the delivery and coordination of health services. As the core aspects of this project are implemented (projected to be summer 2017), DHS will examine whether systems supporting the delivery of human services will be connected to Healthe Intent. If this approach is agreed upon, it will allow a more holistic approach for DHS care managers to know and understand both the health and human services an individual receives.

### **Analysis and next steps**

The completion of ORCHID deployment brings a new phase of ORCHID work as DHS continues to stabilize, adjust and optimize the solution for care delivery. This will be an on-going process throughout the lifecycle of ORCHID. In addition, DHS IT along with its executive sponsors and project business owners have embarked on five major initiatives required for DHS to maintain and improve current operations and quality of clinical care. These projects are:

- a. **Healthe Intent:** This has been approved by the Board of Supervisors and is a project that is underway. This solution not only supports improving the standard of care delivered across primary care at DHS, but DHS is relying on Healthe Intent as part of the solution in meeting the requirements of the PRIME waiver.

- b. Itemized billing transformation: This has been approved by the Board of Supervisors and is a project that is underway. This will require significant effort and changes both in operations and IT solutions to support the department's transformation from all-inclusive billing to itemized billing of patients for services rendered. The goal is for DHS to be able to submit itemized bills for services starting in June 2017.
- c. Global Payment Program: This opportunity to improve DHS funding from the state is based on alternative care delivery and patient interaction models for the uninsured. Those interactions with patients that are not a traditional face-to-face visit with a provider, such as e-Consult, nurse-only visit, e-mail and many others. This will require a significant amount of reporting from our current solutions, and in some instances will require design changes within current solutions, such that the documentation of alternative care interactions is clearly captured.
- d. Whole Person Care: DHS has submitted a grant, and anticipates receiving significant funding from the state. This project will require significant IT effort to support the integration of multiple systems from multiple departments in order to accomplish the desired outcome the state requires of the grant. DHS should hear about the award in the next 2-3 months and will be required to have an initial working solution as early as June of 2017.
- e. Managed Care Solution: This has been approved by the Board of Supervisors and this project had its initial kick-off on September 13, 2016. This solution is aimed at implementing a solution to support the operations of DHS Managed Care.

Given the current IT commitment to projects required for DHS to have continued success and knowing that ClientTrack has never interfaced their solution with an EHR; moving forward with interfacing ClientTrack to ORCHID is not being considered immediately. Interfacing ClientTrack to ORCHID is a significant work effort and will require the DHS integration team to work with ClientTrack's team, and given DHS' commitment to current projects there is no allowance for our resources to be diverted away from these projects.

The immediate next steps will be to optimize the functionality within ClientTrack after its' projected go-live in November 2016. There will probably be a shift in the workflow outlined above, but there will still be a requirement on those making a referral to HFH to provide the necessary health information for the process.

Subsequent next steps are dependent on IT resource availability. It is anticipated by the summer of 2017, the work effort required by the projects listed above will diminish. When appropriate resources are available, work to interface ClientTrack and ORCHID will proceed. This effort will be focused on the movement of appropriate health care documentation from ORCHID to ClientTrack in order to reduce manual work effort and aid in the information needed by HFH to make appropriate housing decisions for referred clients.

If DHS makes a decision to aggregate human services information, in addition to health services, on the Healthe Intent platform, a second interface between ClientTrack and Healthe Intent will be considered. This will allow care managers using Healthe Intent to not only review and coordinate health services, but to be aware of the HFH services any DHS client/patient has received; thus providing a more holistic approach.

Work beyond the above steps for either additional interface work or integration into ORCHID will be considered, but is dependent on a number of dynamic factors. Some of these may be intrinsic to HFH and ClientTrack. Other factors are extrinsic and will need to be taken into consideration as the priorities, operational needs and clinical needs of DHS shift.

### **Conclusion**

DHS has a track record of replacing with or integrating solutions into ORCHID. DHS is always assessing its current and future priorities for IT in order to support the operational and clinical needs of the department. There will be time during the course of the recently approved Eccovia ClientTrack contract for DHS to re-evaluate whether the functions provided by ClientTrack should be interfaced into ORCHID. Some immediate and near-future next steps have been identified, but beyond these, DHS needs some latitude in setting its priorities. DHS is committed to an ongoing evaluation of its IT solution portfolio and identifying the best opportunities for improvement and consolidation.

If you have any questions or need additional information, please contact me at (213) 240-8101.

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c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors